

53

11 MAR 58  
G.M. 23

1. Mr. Omdra 5B.
2. Miss Knowles Chesha House
3. Library.

County of the Soke of Peterborough



# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1956

G. NISBET; M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)



County of the Soke of Peterborough

---

# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1956

---



G. NISBET, M.B., Ch.B.(ED.), D.P.H., R.C.S.(ED.)



# COUNTY OF THE SOKE OF PETERBOROUGH

## MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted at 31st March, 1957)

---

SIR ARTHUR CRAIG  
(Chairman of the County Council)

---

COUNTY ALDERMAN DR. J. HUNT  
(Vice-Chairman of the County Council)  
(*ex-officio*)

---

*Chairman :—*  
COUNTY ALDERMAN G. T. VAWSER

---

*Vice-Chairman :—*  
COUNTY COUNCILLOR P. ADAMS

---

COUNTY ALDERMAN MRS. M. C. COOK

---

*County Councillors :—*

G. W. S. BURDETT	C. GREENWOOD
S. G. GASCOINE	R. PERRIN
G. MATTHEWS	MRS. E. L. SAVAGE
MRS. A. PHILPOT	MRS. B. M. WILKINSON
MRS. E. H. FEAR	

---

*Co-opted Members :—*

DR. J. N. COLLINS	DR. R. M. E. SMITH
MISS M. E. PERCIVAL	J. N. STATON, L.D.S., R.C.S. (ENG.)

## C O N T E N T S

page

**Section I****Statistics and Social Conditions**

General Statistics	.....	.....	.....	.....	.....	.....
Extracts from Vital Statistics.....	.....	.....	.....	.....	.....	.....
Chief Causes of Death	.....	.....	.....	.....	.....	.....
Births	.....	.....	.....	.....	.....	.....
Stillbirths	.....	.....	.....	.....	.....	.....
Infant Mortality	.....	.....	.....	.....	.....	.....
Deaths	.....	.....	.....	.....	.....	.....

**Section II****General Provision of Health Services in the Area**

Administration	.....	.....	.....	.....	.....	.....
Care of Mothers and Young Children	.....	.....	.....	.....	.....	.....
Midwives Service	.....	.....	.....	.....	.....	.....
Health Visiting	.....	.....	.....	.....	.....	.....
Home Nursing	.....	.....	.....	.....	.....	.....
Ambulance Service	.....	.....	.....	.....	.....	.....
Prevention of Illness, Care and After-Care.....	.....	.....	.....	.....	.....	.....
Domestic Help Service	.....	.....	.....	.....	.....	.....
Mental Health Service	.....	.....	.....	.....	.....	.....
Handicapped Persons	.....	.....	.....	.....	.....	.....
Welfare Services	.....	.....	.....	.....	.....	.....

**Section III****Prevalence of, and Control over, Infectious and Other Diseases**

Infectious Diseases	.....	.....	.....	.....	.....	.....
Vaccination and Immunisation	.....	.....	.....	.....	.....	.....
Poliomyelitis Vaccination	.....	.....	.....	.....	.....	.....
Tuberculosis	.....	.....	.....	.....	.....	.....
Venereal Diseases	.....	.....	.....	.....	.....	.....

**Section IV****Inspection and Supervision of Food**

Report of Inspector	.....	.....	.....	.....	.....	.....
---------------------	-------	-------	-------	-------	-------	-------



## HEALTH DEPARTMENT STAFF — 1956

*County Medical Officer of Health :—*

GEORGE NISBET, M.B., CH.B.(ED.), D.P.H., R.C.S.(ED.)

*Deputy County Medical Officer of Health :—*

GERALD DISON, M.C., L.R.C.P., L.R.C.S.(ED.) AND S.(GLAS.),  
D.OBST. R.C.O.G., D.P.H.(ED.)

*Assistant Medical Officer of Health :—*

DIANA O. McKNIGHT, M.B., B.S., D.C.H.

<i>Superintendent Nursing Officer</i>	MISS I. SYLVESTER, S.R.N., S.C.M., H.V. CERT.
<i>Health Visitors</i>	MISS F. COLES, S.R.N., S.C.M., H.V. CERT. MISS M. GERRARD, S.R.N., H.V. CERT. MISS P. GOODMAN, S.R.N., S.C.M., H.V. CERT. MISS M. JULYAN, S.R.N., S.R.C.N., H.V. CERT. MISS M. McPHILLIPS, S.R.N., S.C.M., (retired 31.8.56) H.V. CERT. MRS. M. PARSON, S.R.N., S.C.M., H.V. CERT. MISS J. SHARPE, S.R.N., B.T.A., H.V. CERT.
<i>Tuberculosis Health Visitors</i>	MISS E. WAGSTAFF, S.R.N. (retired 17.11.56) MISS M. TOPP, S.R.N. (appointed 12.11.56)
<i>Home Help Organisers</i> (part-time)	MISS JOAN WARWICK, T.D. (resigned 30.4.56) MRS. I. WINHAM (regraded from Assistant 1.5.56)
<i>Assistant Home Help Organiser</i> (part-time)	MRS. M. AMBROSE (appointed 28.5.56)
<i>Home Teacher for the Blind</i>	MISS D. E. ELKINGTON (appointed 15.10.56)
<i>Administrative Assistant</i>	MR. J. J. DUNFORD
<i>Social Welfare Officer and</i> <i>Duly Authorised Officer</i>	MR. G. SMITH

## DISTRICT MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS

<i>District</i>	<i>Medical Officer of Health</i>	<i>Public Health Inspector</i>
City of Peterborough	GERALD DISON, M.C., L.R.C.P., L.R.C.S.(ED.) AND S.(GLAS.), D.OBST. R.C.O.G., D.P.H.	J. HALL, M.S.I.A., CERT. R. SAN. I., A.M.I. SAN. E.
Peterborough Rural District	W. ANLEY HAWES, M.B., D.P.H. (part-time appointment)	C. GREEN, M.S.I.A., A.R. SAN. I.
Barnack Rural District	W. ANLEY HAWES, M.B., D.P.H. (part-time appointment)	D. W. GRIFFITHS, M.S.I.A., A.R. SAN. I.

# COUNTY COUNCIL OF THE SOKE OF PETERBOROUGH

---

*To :* The Chairman and Members of the County Council  
of the Soke of Peterborough.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the Health Services for the year 1956 :

The usual facts and statistical tables will be found in the body of the report. In this preface I have endeavoured to give only the more essential or interesting statistics, with brief comment.

## The County

The administrative County of the Soke of Peterborough is in the northern tip or 'nose' of Northamptonshire. It has an area of 53,464 acres and a population of 66,350, 54,380 of whom live in the City of Peterborough.

Peterborough itself stands on the River Nene, on the edge of fens, and in addition to being a large railway centre, has a number of important engineering works, while, on the outskirts, are many brickyards.

Penda, King of Mercia, founded the Church of Saint Peter on the banks of the Nene in the year 655. At first this place was called Medehamsted, but later became Peter's Burgh, or Peterborough. Between Peterborough and the Wash, which is the nearest sea-coast, lay at that time some 25 miles of marsh and bog, into which every winter the Rivers Welland and Nene poured the flood waters from the Highlands of Northamptonshire, Leicestershire, Rutland and the South of Lincolnshire. No man could cross this area if he wished to travel from East Anglia to the Midlands or the North unless he crossed these two rivers where the higher land begins. At this spot stood the Church of St. Peter with its Benedictine Monastery.

I am often asked by colleagues why the County is called "The Soke of Peterborough." Some folk seem to think that it has something to do with the moist nature of the soil in the vicinity; some have even suggested that it is because of the high drunkenness rate ! The true facts are these : after the Danish invasion in the 9th Century, when the Abbey of Medehamsted was destroyed, a grant was made to Athelwold who rebuilt the Abbey, by Edga and confirmed by successive kings to the Abbots of Peterborough, of the right of administering justice to all men in their hundreds and domains, and of the right of taking the profits of the jurisdiction over those men who acknowledged the Abbot as their Lord Paramount. The Saxon word for that right of judging in a private court and taking the profits, was called Soc and Sac, and in course of time the area in which it was exercised was known as a Soke, thus The Soke of Peterborough.



## Statistics

The following statistics show at a glance the Birth Rate, Death Rate, Infant Mortality Rate, etc., for 1956, compared with recent years :—

	1956	1955	1954	1953
Birth Rate .....	17.6	16.8	15.8	16.4
Death Rate .....	11.0	11.3	10.6	11.1
Infant Mortality Rate .....	29.0	27.1	22.1	26.5
Maternal Death Rate .....	0.08	0.08	0.0	0.09
Tuberculosis Death Rate .....	0.07	0.15	0.07	0.06
Cancer Death Rate .....	1.8	1.8	1.7	1.8

It will be observed that there has been an increase in the birth rate and infant mortality rate compared with recent years.

## Cost of the National Health Service

The growing cost of the National Health Service is causing some concern, although it should be noted that the figures for the national budget for 1956/57 show that the £537 million expenditure on the health services represent but 2/1d. in every £1 of Government expenditure.

The most recent report of the Ministry of Health shows that of the £495 million spent on the National Health Service in 1954/55 the proportion spent by the main branches was as follows :—

Hospital and Specialist Services .....	56.25%
General Medical, Dental, Pharmaceutical, and Supplementary Ophthalmic Services .....	29.25%
Local Health Authority Services .....	9.0 %
Miscellaneous, including compensation, superannuation, etc. ....	5.50%

Only 4¼% of this expenditure is met by the ratepayer, the rest coming from Exchequer grants, payments from patients, or as part of National Insurance contributions, etc.

It is also interesting to note that Local Health Authority Services account for only 9% of the cost of the Service.

## Summary of Work under the National Health Service Act

In the compiling of a report such as this, much work falls on the Chief Clerk, Mr. J. Dunford. I have to thank him again for his great help during the year, particularly so in this year, when so many extra duties have had to be dealt with, *e.g.*, poliomyelitis registrations, appointments, etc. I cannot speak too highly of the whole public health team.

The following is a brief summary of the work of the County Health Department under various sections of the National Health Service Act. Fuller information will be found under the appropriate headings in the body of this Report.

SECTION 22 — **Care of Mothers and Young Children***Child Welfare Centres*

Number of Centres .....	11
Number of children under one year attending for the first time .....	728
(62.1% live births)	

*Attendances*

Children under one year .....	9,772
Children one to five years .....	2,467
	<hr/> 12,239 <hr/>

SECTION 23 — **Midwifery***Domiciliary Confinements*

Number of deliveries attended by County Council Midwives :—

1952 —	319
1953 —	395
1954 —	397
1955 —	444
1956 —	434

*Cost* (1955/56 gross) £5,147  
 £75 10 0 per thousand population.  
 £11 4 0 per case.

SECTION 24 — **Health Visiting***Details of Visits*

Ante-natal .....	27
Infants .....	2,60
Children one to two years .....	1,06
Children two to five years .....	2,55
Tuberculosis Cases .....	1,73
Other Visits .....	1,63
Total .....	<hr/> 9,87 <hr/>

*Cost* (1955/56 gross) £3,030  
 £38 10 0 per thousand population.  
 5/3d. per home visit.

SECTION 25 — **Home Nursing**

Cases	<i>Medical.</i>	<i>Surgical.</i>	<i>Infectious.</i>	<i>Tuber- culosis.</i>	<i>Maternal and Other.</i>	<i>Total</i>
attended	675	85	1	6	44	81
Visits paid	23,175	1,267	5	210	231	24,88

*Cost* (1955/56 gross) £5,811  
 £86 per thousand population.  
 4/3d. per visit.

## SECTION 26 — Vaccination and Immunisation

### *Number of Children Immunised or Vaccinated against*

Diphtheria	.....	.....	.....	1,340
Poliomyelitis	.....	.....	.....	399

### *Smallpox Vaccination*

Primary	.....	.....	.....	424
Re-vaccination	.....	.....	.....	62

### *B.C.G. Vaccination against Tuberculosis*

Children vaccinated	.....	.....	.....	64
---------------------	-------	-------	-------	----

## SECTION 27 — Ambulance Service

### *Number of full-time Ambulance Drivers employed by County Council*

Number of patients carried	.....	.....	.....	.....	15
Number of miles travelled	.....	.....	.....	.....	15
Cost (1955/56)	£19,868				

## SECTION 29 — Home Helps

### *Number of Cases attended by Domestic Helps during 1956*

<i>Type of Case.</i>	<i>No.</i>	<i>Percentage of Total.</i>
Maternity	93	25.5
Tuberculosis	10	2.7
Chronic Sickness	198	54.4
Others	63	17.4
Total	364	100

Cost (1955/56) Gross £6,468  
 £63 per thousand population.  
 £17 per case per annum.

## Poliomyelitis Vaccination

So far as the health service is concerned, the important event of the year was the introduction of a vaccine against poliomyelitis.

Some 9,348 consent forms were distributed from my Office to the parents of children born in the years 1947—1954, and 4,013, or 42%, were returned completed by the closing date for the registration, which was a higher percentage than that for the country as a whole.

400 of these children were vaccinated against poliomyelitis in the summer of 1956, and it is hoped to complete the remainder of the children, for whom parental consent was given, during 1957, although supplies of vaccine are, at the time of writing, still limited.



## Staff

There have been several staff changes. During the year a new appointment was made of a Lady Assistant Medical Officer of Health, to devote 7/11th of her time to the school health service, 3/11th to County duties (chiefly maternity and child welfare work), and 1/11th to City Public Health duties.

Dr. Diana O. McKnight was appointed to this post and took office on May 22nd, 1956. She has proved a most valuable colleague.

A further appointment was also made by the County Health Committee in 1956, when upon the resignation of Miss M. White as Secretary and Home Teacher to the Peterborough Association for the Blind, a full-time Home Teacher to the Blind was appointed as a direct employee of the County Council. Miss D. E. Elkington was appointed to this post, and she took up her duties on October 15th, 1956.

Three employees who had served the Council loyally and well for many years retired during the year, *viz.*, Miss M. McPhillips (Health Visitor), Miss E. Wagstaff (Tuberculosis Health Visitor), and Miss Babb (Glington District Nurse). I should like to pay a tribute to the excellent work of these nurses.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

*County Medical Officer*



## SECTION I

## STATISTICS AND SOCIAL CONDITIONS

## General Statistics

Area of Administrative County (in acres) .....	53,464
Population (Census 1951) .....	63,784
Population (Registrar-General's estimate mid-1956) .....	66,350
Rateable Value (1st April 1957) .....	£855,002
Estimated Product of a Penny Rate .....	£3,528

## Population by Districts

	<i>Census</i> 1951	<i>Estimated</i> <i>mid-1956</i>
City of Peterborough .....	53,412	54,380
Peterborough Rural District .....	7,273	7,630
Barnack Rural District .....	3,099	4,340
Administrative County .....	63,784	66,350

The estimated population for mid-1955 was 65,860. The Registrar-General estimates an increase of 170 in the City of Peterborough, an increase of 50 in the Peterborough Rural District, and an increase of 270 in the Barnack Rural District — a total increase of 490 in the County as a whole, compared with mid-1955.

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1956

## Live Births

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate .....	554	547	1,101
Illegitimate .....	35	35	70
Total .....	589	582	1,171
Birth Rate per 1,000 of population .....	17.6		
Birth Rate for England and Wales .....	15.7		

## Stillbirths

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate .....	16	15	31
Illegitimate .....	2	—	2
Total .....	18	15	33
Rate per 1,000 total live and stillbirths .....	27.4		
Rate per 1,000 population .....	0.49		
Rate per 1,000 total live and stillbirths— England and Wales .....	23.0		

## Deaths

	<i>Males</i>	<i>Females</i>	<i>Total</i>
	370	363	733
Death Rate per 1,000 population .....	11.0		
Death Rate for England and Wales .....	11.7		

**Infant Mortality**

					<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	.....	.....	.....	.....	18	13	31
Illegitimate	.....	.....	.....	.....	1	2	3
Total	.....	.....	.....	.....	19	15	34

Rate per 1,000 live births :—

Legitimate	.....	.....	28.1	(1955 — 25.8)
Illegitimate	.....	.....	42.8	(1955 — 50.0)
Total	.....	.....	29.0	(1955 — 27.1)

Rate for England and Wales 23.8

Deaths from Measles (all ages)	.....	.....	.....	0
Deaths from Whooping Cough	.....	.....	.....	0
Deaths from infective and other parasitic diseases (under 2 years)	.....	.....	.....	0

**Chief Causes of Death, 1956**

Vascular lesions	.....	.....	.....	.....	.....	126
Cancer	.....	.....	.....	.....	.....	124
Coronary disease, angina	.....	.....	.....	.....	.....	97
Other heart diseases	.....	.....	.....	.....	.....	98
Pneumonia	.....	.....	.....	.....	.....	42
Other circulatory diseases	.....	.....	.....	.....	.....	39
Bronchitis	.....	.....	.....	.....	.....	34
Accidents	.....	.....	.....	.....	.....	26

The deaths in age periods are as follows (Registrar-General's figures) :—

0 — 4 years	.....	.....	.....	.....	.....	36
5 — 14 „	.....	.....	.....	.....	.....	2
15 — 24 „	.....	.....	.....	.....	.....	4
25 — 44 „	.....	.....	.....	.....	.....	35
45 — 64 „	.....	.....	.....	.....	.....	151
65 — 74 „	.....	.....	.....	.....	.....	180
75 „ and over	.....	.....	.....	.....	.....	325
Total						733

**Births**

The total number of live births in the County in 1956 was 1,171, compared with 1,106 in 1955, 1,037 in 1954, and 1,056 in 1953; the average number of live births per year for the last five years is 1,090. The birth rate is 17.6, compared with 16.8 in 1955, and 15.7 for England and Wales.

589 of the 1,171 children born in 1956 were males, and 582 females; 1,101 were legitimate, and 70 illegitimate, compared with 60 illegitimate births in 1955. The illegitimacy rate was 5.9 per 100 live births, compared with 5.5 in 1955.



The number of live births and rates in each area of the County were :—

<i>Area</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i>
Peterborough City	.....	490	490	980	18.0
Peterborough Rural District	.....	57	64	121	15.8
Barnack Rural District	.....	42	28	70	16.2
Administrative County	.....	589	582	1171	17.6

The live birth rate for England and Wales was 15.7. Our rate (17.6) is, as usual, higher than that of the country as a whole.

Since 1935 the birth rates in the Soke of Peterborough have varied between 14.1 to 20.2 (in 1944). The birth rate in 1956 was the highest in the County since 1947.

### Stillbirths

The number of stillbirths in 1956 was 33 (27 in the City; 5 in the Peterborough Rural District, and 1 in the Barnack Rural District). The stillbirth rate is, therefore, 0.49 per 1,000 of the population, or 27.4 per 1,000 total live and stillbirths, compared with a rate of 23.0 for England and Wales as a whole.

25 of the 33 stillbirths occurred in hospitals or maternity units attached to hospitals, and 8 occurred in domiciliary midwifery practice.

### Infant Mortality

The Registrar-General records 34 deaths among infants aged one year in the County of the Soke of Peterborough, 30 being assigned to the City of Peterborough, two to the Peterborough Rural District, and two to the Barnack Rural District.

19 of the 34 deaths occurred in males and 15 in females. Three of the infants who died were illegitimate.

The numbers and rates in each district of the Administrative County per 1,000 births were as follows :—

City of Peterborough	.....	.....	.....	30	Rate	30.6
Peterborough Rural District	.....	.....	.....	2	„	16.5
Barnack Rural District	.....	.....	.....	2	„	28.5
Administrative County	.....	.....	.....	34	„	29.0

In England and Wales as a whole the infant mortality was 23.8 per 1,000 related live births, and was the lowest ever recorded in this country, being 1.1 per 1,000 below that for 1955, the previous lowest rate. In the Soke of Peterborough the infant mortality rate in 1956 was 1.9 higher than in 1955, and was the highest since 1948.

I append a Table showing the live birth rates and infant mortality rates in England and Wales for the years 1945–56, and for comparison, similar rates for the Soke of Peterborough. It will be noted that in the last two years our infant mortality rate has been higher than that of the country as a whole, although over a period of 12 years it has been lower than the national figures.

<i>Year</i>	<i>ENGLAND and WALES</i>		<i>SOKE OF PETERBOROUGH</i>	
	<i>Live births per</i> <i>1,000 population</i>	<i>Infant</i> <i>Mortality</i>	<i>Live</i> <i>Births</i>	<i>Infant</i> <i>Mortality</i>
1945	16.1	46	17.8	41
1946	19.2	43	19.5	33
1947	20.6	41	19.8	30
1948	17.9	34	17.2	38
1949	16.7	32	15.8	26
1950	15.8	29	14.9	20
1951	15.5	29	15.4	29
1952	15.3	27	15.3	20
1953	15.5	26	16.4	26
1954	15.2	25	15.8	22
1955	15.0	24	16.8	27
1956	15.7	23	17.6	29

Twenty-three of the 34 infant deaths (67 per cent.) occurred in babies aged under four weeks.

The causes of death of the 34 infants (as recorded on the death certificates) were as follows :—

Prematurity	.....	.....	.....	11
Broncho-pneumonia	.....	.....	.....	6
Congenital abnormalities	.....	.....	.....	6
Atelectasis	.....	.....	.....	3
Congenital heart disease	.....	.....	.....	2
Acute laryngo-tracheitis	.....	.....	.....	1
Renal failure	.....	.....	.....	1
Exophthalmos	.....	.....	.....	1
Subarachnoid haemorrhage	.....	.....	.....	1
Sclerema Neonatorum	.....	.....	.....	1
Misadventure	.....	.....	.....	1

Twenty-three of the 34 infants died in hospitals or maternity units attached to hospitals, ten died at home, and one in a nursing home.

## Deaths

There were 733 deaths in the County in 1955 (370 males and 363 females), giving a death rate of 11.0 per 1,000 of the population, compared with a rate of 11.3 in 1955; 10.6 in 1954; and 11.1 in 1953.

The death rate for England and Wales in 1956 was 11.7, or 0.7 higher than in the Soke of Peterborough.

504 of the deaths occurred in persons of 65 years of age or over, or 68 per cent. of the total deaths. 325 deaths occurred in persons of 75 years of age or over.



Since 1920 the death rates in the Soke of Peterborough have varied between 10.4 per 1,000 of the population (in 1923) to 13.4 (in 1933), but have generally been below that of the national figure.

The following Table shows the causes of death at different periods of life :—

### CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

CAUSE OF DEATH	All Ages	0-4	5-14	15-24	25-44	45-64	65-74	75 & over
Tuberculosis—Respiratory...	5	—	—	—	—	2	2	1
Syphilitic Disease ...	5	—	—	—	1	2	1	1
Other infective or parasitic diseases ...	1	—	—	—	—	—	1	—
Malignant neoplasm, stomach ...	24	—	—	—	—	4	11	9
Malignant neoplasm, lung, bronchus ...	25	—	—	—	4	10	8	3
Malignant neoplasm, breast	11	—	—	—	1	5	5	—
Malignant neoplasm, uterus	3	—	—	—	—	1	1	1
Other Malignant and lym- phatic neoplasms ...	61	—	—	—	5	19	17	20
Leukaemia ...	4	1	—	—	—	3	—	—
Diabetes ...	5	—	—	—	—	—	—	5
Vascular lesions of nervous system ...	126	—	—	—	2	22	34	68
Coronary disease, angina ...	97	—	—	—	—	33	38	26
Hypertension with heart disease ...	11	—	—	—	—	2	4	5
Other heart disease ...	98	1	—	—	1	8	15	73
Other circulatory disease ...	39	—	—	—	2	1	9	27
Pneumonia ...	42	6	—	—	3	4	6	23
Bronchitis ...	34	—	—	—	—	12	8	14
Other diseases of respiratory system ...	7	1	—	—	—	3	1	2
Ulcer of stomach and duo- denum ...	7	—	—	—	—	4	2	1
Gastritis, enteritis and diarrhoea ...	2	—	—	—	—	1	—	1
Nephritis and Nephrosis ...	8	—	—	—	1	—	—	7
Hyperplasia of Prostate ...	8	—	—	—	—	2	2	4
Pregnancy, childbirth, abortion ...	1	—	—	—	1	—	—	—
Congenital Malformation ...	10	8	—	—	1	1	—	—
Other defined and ill-defined diseases ...	68	18	—	—	5	7	11	27
Motor Vehicle accidents ...	10	—	1	1	6	—	1	1
All other accidents ...	16	1	1	3	1	4	1	5
Suicide ...	5	—	—	—	1	1	2	1
<b>TOTAL ...</b>	<b>733</b>	<b>36</b>	<b>2</b>	<b>4</b>	<b>35</b>	<b>151</b>	<b>180</b>	<b>325</b>

## Cancer Deaths

There were 124 deaths from cancer in the Soke of Peterborough during the year 1956 (72 males and 52 females) giving a death rate of 1.8 per 1,000 of the population, the same as in 1955. The cancer death rate for England and Wales in 1956 was 2.0.

Twenty-five of the 124 deaths were due to malignant disease of the lung or bronchus, a death rate of 0.37, compared with a rate of 0.40 for England and Wales as a whole. Twenty-one of the victims were males and four females.

During the last five years (1952–1956) there have been 599 deaths from cancer in the County, 97 of them being due to malignant disease of the lung or bronchus.

There were 11 deaths in females from carcinoma of the breast in 1956, compared with 12 in 1955 and 13 in 1954, and 24 deaths from malignant disease of the stomach compared with 21 last year.

In an age when men have discovered the 'art' of utterly destroying whole cities by exploding one hydrogen bomb, and nations are spending hundreds of millions of pounds in manufacturing and developing these deadly weapons, it is ironic that we should have to hold 'flag days' to raise money for cancer research.

## General Remarks

The death rate is slightly lower than in 1955 (11.0 against 11.3) and is below that of the country as a whole, which is 11.7.

There was no striking increase in the number of deaths from any one cause. It is satisfactory to note a small decrease of three in fatalities from motor accidents, and a decrease in the total deaths due to accidents from 32 in 1955 to 26 in 1956. There was also a decrease in suicides from ten in 1955 to five in 1956.

There were five deaths due to pulmonary tuberculosis, compared with ten last year. Five deaths from syphilitic disease are also noted. A few years ago it would have been considered most strange that the number of deaths from syphilitic disease should equal those of pulmonary tuberculosis.

There was unfortunately one death attributable to pregnancy and child birth.

No deaths were recorded during the year from any of the following causes:—non-respiratory tuberculosis; diphtheria; whooping cough; meningococcal infections; acute poliomyelitis; measles, and influenza.



## SECTION II

---

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA Administration

The County Council, as a Local Health Authority, established a County Health Committee in accordance with the requirements of the National Health Service Act, 1946. The County Health Committee has, in turn, established the following Sub-Committees, which meet once monthly—

- (a) Ambulance Sub-Committee;
- (b) Mental Health Sub-Committee ;
- (c) Maternity and Domiciliary Services Sub-Committee;
- (d) Prevention of Illness and After-Care Sub-Committee.

The County Council has not established a separate department for its functions as Local Welfare Authority under the requirements of the National Assistance Act of 1948. A Sub-Committee (the Welfare Sub-Committee of the County Health Committee) meets monthly, and the work is carried out within the duties of the Public Health Department.

The majority of the members of each of the Sub-Committees are members of the Local Health Authority, but each Sub-Committee co-opts any local persons who have a special interest in the subjects dealt with by each individual Committee.

### SECTION 22 — Care of Mothers and Young Children

Ante-natal Clinics are held at "The Gables" Maternity Hospital, Peterborough, for patients who have booked for admission to Maternity Units of the Regional Hospital Board. Blood testing, for Wassermann, Kahn, and Rhesus factor, is carried out as a matter of routine.

No doctors' ante-natal clinics are held under the auspices of the Local Health Authority, but a considerable number of women are attended ante-natally by their own doctor.

A Midwives' Ante-natal Clinic is held at the Child Welfare Centre at the Town Hall on four afternoons a week for patients who have booked a domiciliary midwife for their confinement. Blood testing is not carried out at these clinics, but the majority of general practitioners now make these tests, and arrangements have been made for me to receive the results of all blood tests, except those carried out by Stamford practitioners. All midwives' cases have a general examination by their own practitioners for fitness to receive gas and air analgesia.

During the year 1956, 544 women attended these clinics (344 being new cases) and the total attendances were 1,549 compared with 1,320 made by 621 women in 1955.

Mothercraft classes are held weekly at the Child Welfare Centre, Town Hall, and are well attended. Invitations to attend the classes are sent by post from my office to all expectant mothers, including those who have booked for admission to the Maternity Units.

During the year 1956, 183 mothers attended the Mothercraft Classes, compared with 147 in 1955.

Relaxation courses for expectant mothers are also held weekly at the Town Hall Clinic, and during the year 1956, 143 mothers attended these courses.

## Child Welfare Centres

Eleven child welfare centres were maintained by the Local Health Authority at the end of the year, but early in 1957 one of these (that at Maxey) was discontinued. The ten centres at present functioning are situated as follows:—

(1) Town Hall, Peterborough.	Tuesday mornings and afternoons. Wednesday afternoons.
(2) Mountsteven Avenue, Walton, Peterborough.	Monday and Thursday afternoons.
(3) Dogsthorpe/Newark School, Peterborough.	Monday and Thursday afternoons.
(4) Barnack (Methodist Church).	First Wednesday and Third Thursday afternoons each month.
(5) Castor (Village Hall).	Second and Fourth Tuesday afternoons each month.
(6) Eye (Kendall's Rooms).	First and Third Tuesday afternoons each month.
(7) Glinton (School Canteen).	First Thursday and Third Wednesday afternoons each month.
(8) Helpston (School Canteen).	Fourth Wednesday afternoon each month.
(9) Newborough (Forrester's Hall).	Second and Fourth Tuesday afternoons each month.
(10) Wittering (Sick Quarters, R.A.F. Station).	First and Third Tuesday afternoons each month.

There are no voluntary child welfare centres in the County. Voluntary workers, however, assist at the Local Authority's Clinics, and their services are much appreciated.

Toddlers' Clinics are now held twice monthly at the Town Hall, Dogsthorpe, and Walton, appointments being sent from my office. A Medical Officer always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1956:—

Number of Centres provided at the end of the year .....	11
Number of Child Welfare Sessions held per month .....	49
Number of children who first attended during the year and who, at their first attendance, were under one year of age	728
Number of children who attended during the year and who were born in 1956 .....	619
1955 .....	521
1954 .....	549
Total number of children who attended during the year .....	1,689
Number of attendances during the year made by children who at the date of attendance were: (a) under one year	9,772
(b) 1 but under 2	1,559
(c) 2 but under 5	908
Total attendances during the year .....	12,239



The Mothers' Club, which meets on the first Wednesday evening of each month at the Child Welfare premises at the Town Hall, continues to be well attended and is much appreciated by the mothers of infants attending the welfare centres in the City. During the year a Fathers' Club was also formed, and although not so well attended as the Mothers' Club is proving popular with such fathers as attend.

In the northern part of the City, at Walton, a parents' club, associated with the Infant Welfare Centre, rivals the club at the Town Hall in numbers.

These clubs are keenly interested in health education.

### **Premature Births**

Babies weighing 5½lbs. or less at birth are classified as premature, and arrangements are made for this information to be supplied when the birth is notified.

A specially equipped premature baby cot is provided by the Local Health Authority. It is held at "The Gables" and taken from there to any address where it may be required.

Seventy premature live births were notified in the County during the year. 53 of these births occurred in hospitals, 16 were born at home (one being transferred to a hospital) and one was born in a nursing home. In addition 14 premature stillbirths were notified, 12 being born in hospital, and two at home.

### **Day Nursery**

One Day Nursery is maintained by the Local Health Authority. It is situated in Granville Street, Peterborough, and has approved places for 45 children (15 aged 0—2 years, and 30 for children aged 2—5 years). The number of children on the register at the end of the year was 39.

### **Unmarried Mothers and Care of Illegitimate Children**

Arrangements for the care of unmarried mothers are made in liaison with Miss A. D. M. Fyfe, M.A., the Moral Welfare Worker (appointed and paid for by the Peterborough Moral Welfare Association).

Applications were made during 1956 for the admission of 12 unmarried mothers to maternity homes at the expense of the Local Authority, compared with seven applications in 1955.

Special visits are made by the health visitors to all unmarried mothers and their children. Where necessary, the Children's Officer and Miss Fyfe assist in securing the adoption of illegitimate children into suitable homes, although it is the policy first to endeavour to find foster parents, or to admit the children to the Day Nursery in cases where the mother has to go out to work.

### **Dental Care**

The Local Health Authority is not responsible for the School Medical Service, and therefore does not employ a Dental Officer.

A full-time Dental Officer is employed by the Peterborough Joint Education Board, which is an independent Authority. Unofficially, and on a purely personal basis, the School Dental Surgeon does treat a number of pre-school children at the School Dental Clinic, and during the year under review 63 such children were examined at the Clinic. 56 were found to require treatment, and 55 were actually treated.

This unofficial help given by Mr. T. H. Roberts, the School Dental Officer, is much appreciated.

During the year the Local Health Authority accepted financial responsibility for the provision of new dentures for seven nursing or expectant mothers who had been treated by dentists in private practice.

### Maternity Outfits

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and can be obtained on application to the Superintendent Nursing Officer, Town Hall, Peterborough.

The number issued in the year 1956 was 402.

### Welfare Foods

The main Welfare Food Distribution Centre is situated at 36 Queen Street, Peterborough (in the City centre), with a branch distribution centre in the village of Wansford. The staffing arrangements are the same as those described in my previous report.

The Women's Voluntary Service continues to give valuable help in transporting welfare foods to the various village clinics, and I should like to express my thanks to them (and especially to Mrs. Fowler) whose co-operation in this matter is much appreciated.

### SECTION 23 — Midwives' Service

Twenty-one midwives were practising in the County at the end of the year, *viz.*, 13 in institutions, six as domiciliary midwives, and two in private practice.

The domiciliary midwives are employed by the County Council. Each provide their own car and can therefore travel to any case within the County, if necessary. They, of course, receive the usual car allowances.

The number of deliveries attended by the midwives in 1956, and the number of cases in which a doctor was present, is shown in the following Table :—

#### DOMICILIARY CASES

	<i>Doctor not booked.</i>		<i>Doctor booked.</i>		<i>Total.</i>	<i>Cases in Institutions.</i>
	<i>Doctor present at time of delivery.</i>	<i>Doctor not present at time of delivery.</i>	<i>Doctor present.</i>	<i>Doctor not present.</i>		
Midwives employed by the Authority .....	—	—	59	375	434	—
Midwives employed by Hospital Management Committee .....	—	—	—	—	—	1076
Midwives in Private Practice (including Nursing Homes) .....	—	—	—	—	—	36
Totals .....	—	—	59	375	434	1112



It will be noted that the County Council Midwives attended a total of 434 cases in 1956, compared with a total of 444 in 1955; 397 in 1954; 395 in 1953, and 319 in 1952.

The County Council decided, in 1956, to increase the midwifery establishment to seven, but in spite of repeated advertising it was found impossible to engage an additional midwife. By early 1957 the situation had become serious, because two of the domiciliary midwives had resigned and the service was dependent upon four full-time midwives. Following publicity in the national press, a number of applications were received, and one other midwife was appointed.

### **Analgesia**

All the midwives employed by the County Council are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives' Board. An apparatus is available for use by every midwife, and analgesia was administered during labour to 374 women (domiciliary confinements). Pethedine is also administered by the midwives in domiciliary practice—215 such administrations being made in 1956.

The County Medical Officer is responsible for the medical supervision of the midwives, and the Superintendent Nursing Officer is responsible for the day to day administration.

## **SECTION 24 — Health Visiting**

Six full-time health visitors (including one tuberculosis health visitor) are employed by the Local Health Authority.

The following is a summary of visits paid by the health visitors during the year 1956 :—

### **(a) Home Visits**

Number of children under 5 years of age visited during the year	.....	.....	.....	.....	.....	.....	4,095
Visits to expectant mothers	(a)	first	visits	239			
	(b)	total	visits				272
Children under 1 year of age	(a)	first	visits	1,160			
	(b)	total	visits				2,609
Children aged 1 and under 2 years	.....	.....	.....				1,068
Children aged 2 but under 5 years	.....	.....	.....				2,551
Other Cases	.....	.....	.....	.....	.....	.....	1,635
Total number of families or households visited by Health Visitors	.....	.....	.....	.....	.....	.....	6,929
Total visits paid to tuberculosis households	.....	.....	.....	.....	.....	.....	1,736

### **(b) Clinics**

Total number of attendances made by health visitors at local health authority clinic sessions during year	.....	634
Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during year	.....	279

In addition to the visits enumerated above, a total of 1,637 visits were made when no one could be found at home, or a wrong address had been given, etc. Although these are known as "fruitless" visits, they are time-consuming and patience-trying. One gentleman from Brighton took the trouble to write to me complaining that health visitors are paid £11 per week for 30 hours work, including meal times. I don't think that that can be so even in Brighton; it is certainly not so in Peterborough, where we have but one health visitor per 11,000 of the population, and that is including one nurse fully employed as a tuberculosis health visitor.

## SECTION 25 — Home Nursing

The Minister of Health has again asked for full information on developments in the home nursing service, as indicated in Circular 17/55.

In the City of Peterborough, home nursing is undertaken by the Florence Saunders Nursing Association on an agency basis, six whole-time nurses being employed. One of the nurses is provided with a car.

In the rural areas of the County, three full-time district nurses are employed by the Local Health Authority. Each nurse in the rural area has a car so that the whole County is adequately covered by these nurses, who reside at Barnack, Glinton, and Walton.

Patients requiring nursing are usually notified to the district nurse direct by the general practitioner. Hospital almoners contact the nurses, or write or 'phone to me, about patients needing nursing care on discharge from hospital.

I append details of the work carried out by the District Nurses during the year 1956 :—

	<i>No. of Cases.</i>	<i>No. of Visits</i>
Medical .....	675	23,175
Surgical .....	85	1,267
Infectious diseases .....	1	5
Tuberculosis .....	6	210
Maternal Complications .....	16	132
Others .....	28	99
Totals	811	24,888

Of the above patients 19 only were children who were under 5 at the time of the first visits—and a total of 128 visits was paid to them. In addition a small number of children between the ages of 5 and 14 years were visited chiefly for enemas, dressings following accidents, etc. Out of a total of 81 cases visited by the district nurses during the year, 520, or 64 per cent., were patients who were aged 65 years or over at the time of the first visit.

229 of the 811 patients had more than 24 visits paid to them by the district nurses during the year.

No night service is provided, but evening visits are made by the district nurses if necessary.



## SECTION 26 — Vaccination and Immunisation

In this County, vaccination against smallpox and diphtheria immunisation are carried out by general practitioners, the fees for completed record cards being paid by the Local Health Authority.

Up to the present this Authority has made no arrangements for immunisation against whooping cough, although a number of general practitioners carry out whooping cough immunisation at the time the child receives diphtheria prophylactic.

No cases of diphtheria have been notified in this County since 1947, and no deaths have occurred since 1946. There is, however, no room for complacency, for although the number of notified cases in the country has fallen from 23,199 in 1944 to 155 in 1955, diphtheria is a serious disease and a killing one. Indeed, in proportion to the number of notifications the percentage of fatal cases has increased in the last few years. The percentage of deaths to notifications in the years 1944, 1945 and 1946 were respectively 3.8%, 3.8% and 3.9%. In 1953, 1954 and 1955 the figures were 8.6%, 5.2% and 9.0%.

Further information with regard to vaccination and immunisation is given under Section III of this Report (Prevalence of, and Control over, Infectious and Other Diseases). Briefly the figures for this County are as follows :—

### Number of Children Immunised Against :

Diphtheria	.....	.....	.....	.....	1,340
Poliomyelitis	.....	.....	.....	.....	399

### Smallpox Vaccination :

Primary	.....	.....	.....	.....	424
Re-vaccinated	.....	.....	.....	.....	62

## SECTION 27 — Ambulance Service

The County Council is responsible under the National Health Service Act, 1946, for arranging the conveyance of sick and injured persons who are unfit to travel by ordinary means of transport, where the necessity arises.

The area covered by the County Ambulance Service is the whole County of the Soke of Peterborough, and certain adjoining areas, *e.g.*, Old Fletton U.D.; Norman Cross R.D.; Conington Parish (Hunts.) and Crowland District (Holland).

The service is augmented by the Hospital Car Service (organised by the W.V.S.), the St. John Ambulance Brigade, Peterborough and Stamford, and the Kesteven British Red Cross.

A summary of the work carried out by the Ambulance Service in 1956 is as follows :—

<b>Directly Provided Service</b>	<i>Total Patients.</i>		<i>Total Miles.</i>	
	1955	1956	1955	1956
Ambulances .....	4,934	5,061	48,591	45,955
Sitting Case Vehicles .....	7,687	6,932	71,321	63,761
<b>Agency Services</b>				
St. John Ambulance (Stamford)	122	104	1,545	1,535
Kesteven County Council				
Sitting Cases .....	191	140	4,122	2,017
<b>Supplementary Services</b>				
Hospital Car Service .....	685	1,020	40,348	50,288
Totals .....	13,619	13,257	165,927	163,556

## SECTION 28 — Prevention of Illness, Care and After-Care

### Tuberculosis

The Local Health Authority is responsible for prevention, care and after-care, treatment being provided by the Regional Hospital Board.

One full-time Tuberculosis Health Visitor is employed. She works in close co-operation with the Chest Physicians of the Regional Hospital Board and, in addition to assisting them at the Chest Clinic, she carries out home nursing of tuberculosis patients, visits all contacts to investigate home conditions and to persuade them to attend the Chest Clinic for examination, and carries out 'Patch' testing of children, etc.

Beds, bedding, open-air shelters and nursing requisites are available for patients being nursed at home. These patients also receive domestic help if required, and ten such patients were assisted during the year. Free milk is provided for tuberculosis patients in necessitous cases.

### Other Types of Illness

For the care and after-care of the non-tuberculous sick, patients discharged from hospitals, etc., any necessary nursing care and attention is provided through the Council's Home Nursing Service. The Authority provides nursing equipment and apparatus required by patients being nursed at home, such as bed rests, bed pans, mackintosh sheeting, wheel chairs, etc. As with the tuberculous, domestic help is available, and 198 chronic sick persons received domestic help during the year.

### Health of Children

#### Prevention of break-up of families

The Minister of Health again asks for a brief description of developments in the services, as outlined in the Ministry Circular of November 30th, 1954 (27/54).

For many years we in this County have done everything possible to prevent the break-up of families by the provision of domestic help in the case of mental and emotional instability on the part of the parents, by arranging for the admission of younger children to a Day Nursery or Nursery School, by advice and help from health visitors, the Moral and Social Welfare Officers, and by help from the W.V.S.



A monthly Liaison Meeting is held with the Superintendent Nursing Officer, Children's Officer, Moral Welfare Worker, N.S.P.C.C. Inspector, Senior School Enquiry Officer, health visitors, etc., at which the County or Deputy County Medical Officer is also present. In a small compact community, such as we have in Peterborough, all 'problem families' are known to one or other of the above officers, and at the monthly liaison meeting individual cases are discussed and a line of action decided upon.

## Health Propaganda

Health education plays an important part in the prevention of illness, although in the annual reports of many county medical officers little or nothing is said about it. This may well be because it is not a subject which lends itself to 'statistics.' I have no doubt that if the Ministry of Health demanded a return each year as to the number of pamphlets distributed and the number of posters displayed, many of us could give imposing figures.

It is true that many leaflets and posters on a variety of health subjects are yearly distributed through the welfare centres and the health visiting staff, but the most valuable part of health education is undoubtedly done in a quiet way by talks and lectures to social and other organisations, to parents attending the Mothers' and Fathers' Clubs, to mothercraft classes, and by general advice given at welfare clinics, school medical examinations and so on.

The County Medical Officer, medical members of his staff, and the health visitors give a considerable number of talks and lectures in the course of a year, and do their best to keep the public 'health conscious.' While it is impossible to prove that such talks have done any good, we like to think so. The fact that the audiences are attentive and usually ask many questions is an indication that preventive health matters of interest to the lay public.

This interest on health affects all ages now. The mother of the young baby was lost touch with, quite often, after the first year, but now with toddlers' clinics, school children receiving polio : and B.C.G. vaccinations, teenage mass radiological examinations, the circle then to parents is often soon completed. We have got far beyond the stage about which my predecessor used to tell when an irate mother retorted to a health visitor, "You come here telling me wot to do—and me buried five kids of me own !"

## SECTION 29 — Domestic Help Service

At the end of the year three whole-time and 33 part-time domestic helps were employed. They are under the supervision and direction of a part-time Home Help Organiser, working officially 24 hours per week, with the assistance of a part-time Assistant Home Help Organiser.

Details of the cases assisted in the year under review are:—

		<i>Percentage</i>
(1) Maternity (including expectant mothers)	93	25.5
(2) Tuberculosis .....	10	2.7
(3) Chronic sick, including aged and infirm	198	54.4
(4) Others .....	63	17.4
Total .....	364	100.0



It will be seen from the above table that 198, or 54 per cent., of cases are suffering from chronic sickness. In many of these instances the provision of domestic help saves admission to hospital, and although the cost of the service has been steadily increasing, if viewed from a wider economic angle it is probably the cheapest and most effective form of help that can be provided for certain cases of chronic sickness.

The following case illustrates how the Domestic Help Service can assist in the rehabilitation of old people.

A complaint was received about the conditions under which two old people (a married couple) were living. Both were in their 80's, the woman being blind and at that time bedridden. The house was filthy, as was the condition of both old people. The woman was immediately removed to Hospital, as it was thought that she was going to die, and a few weeks later the man was also admitted to Hospital. With care and nursing, both made a good recovery. They then insisted upon returning to their home. In the meantime, some relatives had cleared out the furniture and bedding, which was not fit for use, and put it outside in a back yard. Neighbours complained about the smell, and the Public Health Inspector removed it. The house was not in a fit state for the old couple to return to, as there was no bedding and no cooking facilities. The Hospital Almoner asked if the Home Help Service could do anything to make the house available, in view of the insistence of the couple to return. The National Assistance Board made a grant towards the purchase of bedding and cooking utensils, and the Women's Voluntary Service assisted in the provision of some furniture, etc. The Gas Board helped by providing another gas cooker. A Home Help spent several days in cleaning the place up, and eventually the old couple returned home. With domestic help being provided on two or three days a week the house is being kept reasonably clean, and the old people are happy and are managing quite well at home.

## **SECTION 51 — Mental Health Service**

### **1. ADMINISTRATION :**

#### **(a) Constitution and Meetings of Mental Health Sub-Committee**

The Mental Health Sub-Committee of the County Health Committee deal with the functions connected with the care and welfare of mental patients and mental defectives, and consists of eight members of the County Council and three co-opted members, one of whom is a Medical Practitioner. The Sub-Committee meets on the third Tuesday of each month.

#### **(b) Staff**

The County Medical Officer of Health is Medical Adviser to the Committee. There is one Social Welfare Officer, who is also the Duly Authorised Officer, one Deputy Duly Authorised Officer (also Chief Clerk in the Public Health Department) and one part-time Occupation Centre Supervisor who is a certificated teacher.

#### **(c) Co-ordination of Regional Hospital Boards, etc.**

The Co-ordination with the Sheffield Regional Hospital Board's Medical and lay staffs in the Mental Health sphere has again continued on a high level.

Considerable delay is still experienced in the admission of mental defectives to Hospitals of the East Anglian Hospital Board. There has been no reduction in the waiting list for over twelve months and during this period there has been one addition. This position is giving rise to grave concern amongst relatives and workers in the Mental Health field, and it seems beyond belief that in this present day and age a case must wait from two to three years before admission.

Supervision of mental defectives on licence in the County is undertaken on behalf of Hospital Management Committees. Reports are also submitted where the Management Committee is to consider the discharge on licence or holiday leave of a patient.

#### **(d) Delegation of Duties**

No duties in the Mental Health Service are delegated to Voluntary Associations.

## **2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY :**

### **(a) Prevention, Care and After-Care**

The psychiatric clinic held each Wednesday at the local General Hospital continues to render an invaluable service to the community. The number of cases referred to the Consultants by the General Practitioners and Health Workers has steadily increased during the year.

My Welfare Officer has again had to deal with more cases than in the previous year.

Care and after-care of the mentally and mental defectives continues on a high level. All persons on licence from Mental Hospitals and Mental Deficiency Hospitals who reside within the area of the Local Health Authority are visited, and help and advice given where necessary.

Reports by the Medical Superintendent of Rauceby Hospital on patients' progress while in hospital are received by me as County Medical Officer.

Frequent and regular discussions on the care and after-care of patients are held by my staff and those of the Mental Hospital.

### **Lunacy and Mental Treatment Acts**

All cases and matters arising under the above Acts are dealt with by the Social Welfare Officer, in his capacity as Duly Authorised Officer arranging admissions, and where necessary providing transport.

Every effort is made with the General Practitioners to arrange voluntary admissions whenever possible and in the case of old people alternative accommodation is tried before action is taken under the Acts. I am again pleased at the large reduction in the number of certified cases and gratified at the increase in the use of Section 20 Orders for removal. Without exception, the thirty-three cases admitted under three-day Orders were made voluntary patients after the expiry of the Order, or after extension for a further period of fourteen days by the Medical Superintendent.



Cases dealt with under the Lunacy and Mental Treatment Acts during the year were as follows :—

<i>Lunacy Act, 1890</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Summary Reception Order .....	8	7	15
“Three Day” Order, Section 20 .....	12	21	33
<i>Mental Treatment Act, 1930</i>			
Voluntary Patients .....	53	56	109
	73	84	157

The age groups of these cases were as follows :—

	<i>Males</i>	<i>Females</i>
16 — 20	4	3
21 — 30	9	15
31 — 40	14	22
41 — 50	13	12
51 — 60	17	16
61 — 70	10	9
70	6	7

The number of cases in Mental Hospitals under the Lunacy and Mental Treatment Acts on 31st December, 1956, was as follows :—

<i>Name of Hospital.</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bracebridge Heath Hospital .....	2	11	13
Cambridge (Fulbourn Hospital) .....	1	—	1
Derby Borough (Kingsway Hospital) .....	—	1	1
Leicester County (Carlton Hayes) .....	1	1	2
Leicester City (The Towers Hospital) .....	—	2	2
Leavesden Hospital, Abbots Langley .....	1	—	1
Nottingham City (Mapperley Hospital) .....	—	1	1
Rauceby Hospital .....	76	82	158
	81	98	179

## **Mental Deficiency Acts, 1913–38**

### **Ascertainment**

All my department staff of the County Council dealing with pre-school children are aware of the method of referral of any retarded child to me as County Medical Officer for investigation. I, though County Medical Officer, am also the Principal School Medical Officer to the Peterborough Joint Education Board, and thus, all school children are brought to my notice and where necessary, referred to the Local Health Authority. In this way no child is missed.



## Supervision

All defectives under Statutory Supervision, on licence, and under Guardianship, are visited by my staff and helpful advice is given to parents and relatives.

At the request of Local Health Authorities and Hospital Management Committees visits are paid to homes when Statutory reconsideration of Orders, applications for leave of absence or licence are being considered. In addition, as County Medical Officer, pay routine visits of inspection and examine the patients in their homes.

## Training of Mental Defectives

The Occupation Centre is held at the Town Hall, Peterborough, each Wednesday and Friday afternoon. During the year, plans for a permanent Centre have been prepared, and it is hoped that it will not be long before this building is erected. The provision of a full-time Occupation Centre is a necessity in this area and its completion will alleviate a long overdue need.

On the 31st December, 1956, the following Mental Defectives were in Hospitals, on Licence, under Guardianship and Statutory Supervision:—

<i>In Hospitals.</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. John's Hospital, Peterborough .....	15	—	15
Stoke Park Colony, Nr. Bristol .....	6	5	11
Whittington Hall, Chesterfield .....	—	2	2
Riversfield Home, St. Neots .....	1	1	2
Bradwell Grove Hospital, Nr. Burford .....	1	—	1
Little Plumstead Hospital, Nr. Norwich .....	22	23	45
Great Barr Colony, Nr. Birmingham .....	1	—	1
Bourne Institution, Bourne, Lincs. ....	—	1	1
Lisieux Hall, Nr. Chorley .....	1	—	1
Rampton State Institution .....	1	1	2
Risbridge Home, Haverhill .....	2	1	3
	50	34	84
Mental Defectives on Licence .....	1	3	4
Mental Defectives under Guardianship.....	1	—	1
Mental Defectives under Statutory Supervision .....	33	34	67
Mental Defectives awaiting admission to Hospitals .....	4	1	5
Cases Ascertained during the year .....	1	3	4

## Accommodation Waiting List

The waiting list showed no improvement over the previous year and there remains a number of desperately urgent cases for whom the Regional Hospital Board is still unable to provide beds.

During the year two defectives were admitted to Little Plumstead Hospital for short term care, in accordance with Ministry of Health Circular 5/52.

## **Ambulance Service**

The Ambulance Service is available for the conveyance of patients to Mental Hospitals and Mental Defective Institutions, and their most helpful co-operation has again been appreciated.

The arrangement with the Hospital Management Committee whereby trained nurses are available to accompany patients continues to work satisfactorily.

## **HANDICAPPED PERSONS**

### **Epileptics and Spastics**

There is still no approved comprehensive welfare scheme for handicapped persons in the County, and consequently little detailed information is available about the incidence of epilepsy and cerebral palsy in adults, though it is anticipated this will be implemented in 1957.

Through the school health and maternity and child welfare services I am, of course, aware of such cases occurring among the school and pre-school population.

A number of spastic children from the County attend the Wilfred Pickles School for Spastics at Tixover (in the County of Rutland) either as boarders or day pupils.

### **Deaf and Dumb**

The Northamptonshire and Rutland Mission to the Deaf continues to give most valuable assistance (on an agency basis) to the welfare of the deaf and dumb in the County.

The Soke of Peterborough County Council makes a grant of £100 a year to this Society (which is registered under the National Assistance Act, 1948).

Although the Mission works for the deaf as a whole and is prepared to help any deaf person irrespective of their degree of deafness, its main work is amongst those who have been born without hearing or became totally deaf in their early childhood. Its objects are to provide spiritual instruction, to interpret when required, to seek out the deaf and visit them in their homes, to educate, as far as practicable, the adult deaf, to assist in obtaining employment, and to provide suitable recreation.

Lip reading classes are carried on at Peterborough by Mr. Stanley Gascoine, who for 25 years has been Honorary Welfare Officer. I can speak from personal knowledge of the excellent work undertaken by Mr. Gascoine and his wife on behalf of the deaf and dumb in Peterborough. The Peterborough deaf showed their appreciation during the year by presenting Mr. Gascoine with a wrist watch, and Mrs. Gascoine with a TV Table and electric iron.

### **Blind**

During the year Miss M. H. P. White resigned her appointment as Secretary and Home Teacher of the Peterborough Association for the Blind. The County Health Committee decided to appoint a full-time Home Teacher as a direct employee of the County Council. Miss D. E. Elkinton was appointed to this post and took up her duties on October 15th, 1956. I cannot speak too highly of the work she is doing on behalf of the blind in the area.



The number of registered blind persons in the County at 31st December, 1956, was 152, their sexes and ages being as follows :—

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
5 — 10	—	1	1
11 — 15	1	1	2
16 — 20	—	—	—
21 — 30	2	2	4
31 — 39	1	2	3
40 — 49	2	1	3
50 — 59	11	3	14
60 — 64	3	3	6
65 — 69	14	6	20
70 plus	42	57	99
Totals	76	76	152

The following Table gives particulars of the 32 blind and partially sighted (P/S) cases certified on Form B.D. 8 in the County during 1956 :—

	<i>Causes of Disability</i>							
	<i>Cataract</i>		<i>Glaucoma</i>		<i>Retrolental Fibroplasia</i>		<i>Others</i>	
	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>
i) No. of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends								
(a) No treatment	3	2	1	1	—	—	12	2
(b) Treatment, medical, surgical or optical ...	4	3	1	1	—	—	1	1
ii) No. of cases at (i) (b) above which, on follow-up action, have received treatment ...	1	1	—	—	—	—	—	—



## Welfare Services

In this area the Local Health Authority is also responsible for the welfare services, the County Medical Officer being the Chief Welfare Officer.

Admissions to Part III accommodation are arranged through my Office—all applications being investigated by the Social Welfare Officer, who is also Duly Authorised Officer.

Scarcely a day goes by but that we do not have to deal with some problem affecting old people. Not all, of course, require immediate admission to Part III accommodation. Domestic help, service, home nursing, or financial help arranged through the National Assistance Board can meet the need in many instances.

There is always a waiting list of cases for admission to Part III accommodation, and at the present time the County Health Committee are considering the question of provision of further accommodation.

Sometimes we are asked for assistance in unusual cases. As an example A young man called at my office and asked for help towards getting a bath and a shave. He lived in a Hostel and had broken his arm, and therefore was unable to shave or bath. We were able to arrange for these services for him at St. John's Close.

One regular caller at the office is a lady who constantly quarrels with her neighbours—and other regular callers are the neighbours with whom she quarrels, who complain about her aggressiveness and insulting behaviour.

One old gentleman is convinced that his neighbours are trying to electrocute him, and he brings various gadgets, letters and documents to prove it. The neighbours, on the other hand, 'phone or call about the noisy behaviour of the old man, who has a habit of banging on their door in the early hours of the morning on occasion.

Other fairly regular callers are people from various parts of the County who complain about the eccentric or rowdy conduct of their neighbours. In the majority of these cases the persons complained about are probably certifiable, but except for these outbursts they give no trouble to anyone else and one hesitates to fill the beds of mental hospitals with old folk who suffer from senile mental changes. However, all complaints are investigated, and the persons concerned are kept under supervision by the Social Welfare Officer.

Professional "scroungers" form another part of a Welfare Officer's clientele and put on an air of injured innocence when they are not provided with a railway fare to Birmingham or London where a near and dear friend or relative is alleged to be dying. Many a tale could be told! Enquiries to the police often assist greatly.

## SECTION III

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER DISEASES

## 1. Infectious Diseases

284 cases of infectious disease only were notified to the District Medical Officers of Health during 1956, compared with 1,872 in 1955; 300 in 1954, and 379 in 1953.

It is startling to note that food poisoning heads the list of notifiable infectious diseases with 62 cases—all having occurred in the City of Peterborough. In addition 29 cases of dysentery were also notified. The “common” infectious diseases (scarlet fever, whooping cough and measles) accounted for a total of 33 cases only. Three cases of poliomyelitis were notified (one paralytic and two non-paralytic), but I am glad to say no deaths occurred from this disease in 1956.

The following Table shows the number of cases of each disease notified in the various sanitary districts:—

	<i>Peterboro'</i> <i>M.B.</i>	<i>Peterboro'</i> <i>R.D.</i>	<i>Barnack</i> <i>R.D.</i>	<i>Total</i>
Scarlet Fever .....	13	1	7	21
Whooping Cough .....	7	1	11	19
Measles .....	13	9	4	26
Pneumonia .....	37	2	4	43
Erysipelas .....	1	—	—	1
Puerperal Pyrexia .....	40	—	—	40
Tuberculosis : Respiratory .....	32	2	1	35
Other .....	3	—	—	3
Dysentery .....	18	9	2	29
Food Poisoning .....	62	—	—	62
Poliomyelitis : Paralytic .....	1	—	—	1
non-Paralytic .....	2	—	—	2
Ophthalmia Neonatorum .....	1	—	—	1
Meningococcal infection .....	1	—	—	1
Totals .....	231	24	29	284

With one exception, all the cases of puerperal pyrexia were notified from maternity hospitals or maternity units attached to hospitals.

I suspect that a number of cases of the common infectious diseases are not notified, especially in the rural areas.



## 2. Vaccination and Immunisation

### Diphtheria Immunisation

The uncombined diphtheria antigen in general use is Alum Precipitated Toxoid, provided free by the Ministry of Health through the Public Health Laboratory Service.

A supply is always kept at the County Health Office for the ready use of general practitioners.

The following Table shows the number of children at 31st December 1956, who had completed a course of immunisation against diphtheria at any time before that date, *i.e.*, at any time since 1st January, 1942 :—

<i>Age on 31.12.56 i.e. born in year</i>	<i>Under 1 1956</i>	<i>1 — 4 1952–55</i>	<i>5 — 9 1947–1955</i>	<i>10 — 14 1942–1946</i>	<i>Under Total</i>
A. No. of children whose last course (primary or booster) was completed in the period 1952–1956.	116	2,662	2,002	258	5,032
B. No. of children whose last course (primary or booster) was completed in the period 1951 or earlier.	—	—	2,363	3,372	5,735
C. Estimated mid-year child population.	1,170	4,130	9,900		15,200
Immunity Index.	9.9	64.4	77.4		70.8

### Vaccination against Smallpox

The following Table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1949 :—

<i>Age at date of Vaccination.</i>	<i>Under 1 Prim. Re-vac.</i>		<i>1 — 4 P. Re- Vac.</i>		<i>5 — 14 P. Re- Vac.</i>		<i>15 or over P. Re- Vac.</i>		<i>Total P. Re- Vac.</i>	
1949	98	—	70	6	24	7	30	65	222	78
1950	131	—	142	8	50	15	51	103	374	126
1951	266	8	31	5	28	14	66	76	391	109
1952	290	—	38	—	19	7	52	86	399	99
1953	256	—	41	—	19	9	41	73	357	88
1954	373	—	43	—	15	8	43	77	474	88
1955	308	4	45	3	14	6	29	46	396	55
1956	339	9	33	4	16	2	36	47	424	66



## Poliomyelitis Vaccination

9,348 consent forms were distributed from the County Health Office in 1956, and 4,013, or 42%, were returned completed by the closing date for registration.

The following Table shows the number of poliomyelitis vaccinations carried out in 1956 :—

<i>Year of Birth</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1947	32	26	58
1948	19	26	45
1949	19	27	46
1950	24	23	47
1951	19	35	54
1952	26	29	55
1953	28	25	53
1954	24	17	41
Total	191	208	399

## Tuberculosis

During 1956, 35 cases of respiratory and three of non-respiratory tuberculosis were notified.

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below :—

<i>Age Periods.</i>	<i>—New Cases—</i>				<i>—Deaths—</i>			
	<i>Respiratory.</i>		<i>Non-respiratory.</i>		<i>Respiratory.</i>		<i>Non-respiratory.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 .....	—	—	—	—	—	—	—	—
1 .....	—	—	—	—	—	—	—	—
2 .....	—	—	—	—	—	—	—	—
5 .....	—	—	—	—	—	—	—	—
10 .....	1	—	—	—	—	—	—	—
15 .....	1	3	—	—	—	—	—	—
20 .....	1	2	1	—	—	—	—	—
25 .....	5	10	—	2	—	—	—	—
35 .....	4	2	—	—	—	—	—	—
45 .....	2	1	—	—	1	1	—	—
55 .....	3	—	—	—	—	—	—	—
65 .....	—	—	—	—	2	—	—	—
75 .....	—	—	—	—	1	—	—	—
<i>Totals</i>	17	18	1	2	4	1	—	—

In addition, two posthumous notifications were received—one male and one female.

The incidence of notifications of respiratory tuberculosis per 1,000 of the population is 0.52, compared with 0.50 in 1955; 1.2 in 1954; 0.92 in 1953, and 1.5 in 1952.

## Deaths

Five deaths were attributable to respiratory tuberculosis in the County in 1956, four being males and one a female. This gives a death rate of 0.07 per 1,000 of the population, compared with a rate of 0.15 in 1955; 0.07 in 1954; 0.06 in 1953, and 0.13 in 1952.

No deaths are attributable to non-respiratory tuberculosis.

I append a table in relation to respiratory tuberculosis showing the number of notifications and deaths in the County during the last 20 years and the incidence of deaths to new notifications:—

<i>Year.</i>	<i>New Notifications.</i>	<i>Deaths.</i>	<i>Percentage of Deaths to Notifications.</i>
1937	40	31	77.5
1938	29	18	62.0
1939	24	24	100.0
1940	25	8	32.0
1941	31	18	58.0
1942	43	22	51.1
1943	42	21	50.0
1944	43	11	25.8
1945	46	20	43.4
1946	43	23	53.4
1947	58	15	25.8
1948	28	19	67.8
1949	42	10	23.8
1950	73	10	13.7
1951	58	14	24.3
1952	84	9	10.7
1953	53	4	7.5
1954	77	5	6.5
1955	33	10	30.3
1956	35	5	14.3

During the five-year period 1947-1951 there was a total of 259 notifications and 72 deaths (an average of 51 notifications and 14 deaths a year). During the five-year period 1952-1956 a total of 282 notifications is recorded with 33 deaths (an average of 56 notifications and 6 deaths each year).

We often hear it said that tuberculosis is being eliminated. The above figures hardly bear this out, for as will be noted, while the number of *deaths* has been more than halved, the number of *notifications* of new cases of tuberculosis has increased during the last five years. In other words, tuberculosis is as prevalent as before, although owing to new techniques in treatment it is not now the killing disease it used to be.



## Residential Accommodation

All admissions to Sanatoria are arranged by the East Anglian Regional Hospital Board, and patients are usually admitted within a few weeks of their names being submitted to the Regional Hospital "Bed-finding Bureau."

During the year a total of 55 patients from the Soke of Peterborough were admitted to Sanatoria, *viz.*, 32 men, 22 women, and one child, compared with a total of 62 admitted in 1955.

At the end of the year 36 patients from the Soke of Peterborough were in Sanatoria, and no patients were awaiting admission.

## Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarterly reports to the County Health Committee on prevention of tuberculosis and attends the Meeting of the County Health Committee once quarterly.

A summary of Dr. Royce's reports shows that a total of 1,622 contacts were examined at the Chest Clinic during the year ended December 31st, 1956, compared with 1,337 in the previous year. 208 of these contacts were new, compared with 205 last year.

## B.C.G. Vaccination

B.C.G. vaccinations are carried out at the Chest Clinic and the scheme appears to be running smoothly.

During the year 1956 a total of 64 B.C.G. vaccinations were carried out compared with 52 in 1955.

## Venereal Diseases

The one Venereal Disease Clinic in the area is situated at the Out-patient Department of the Peterborough Memorial Hospital.

The East Anglian Regional Hospital Board is responsible for the clinical work and administration. The Consultant Venereologist in charge of the Centre is Dr. N. A. Ross, and clinics are held as follows:—

*MALES* — Mondays and Wednesdays 5.30—7 p.m.

*FEMALES* — Tuesdays 10.30—12 noon.

Thursdays 5.30—7 p.m.

195 patients attended the clinic for the first time during the year 1956, compared with 176 in 1955; 177 in 1954; 214 in 1953, and 156 in 1952.

These were classified as follows:—

					<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	.....	.....	.....	.....	11	10	21
Gonorrhoea	.....	.....	.....	.....	21	8	29
Chancroid	.....	.....	.....	.....	2	—	2
Non-gonococcal urethritis	.....	.....	.....	.....	45	—	45
Other conditions requiring treatment	.....	.....	.....	.....	31	16	47
Conditions not requiring treatment	.....	.....	.....	.....	22	14	36
Undiagnosed conditions at 31.12.56	.....	.....	.....	.....	9	6	15
Totals	.....	.....	.....	.....	141	54	195

These patients came from the following areas:—

			<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Soke of Peterborough	.....	.....	11	17	48
Huntingdonshire	.....	.....	7	8	77
Kesteven	.....	.....	1	1	11
Isle of Ely	.....	.....	2	1	5
Northamptonshire	.....	.....	—	2	1
Other Areas	.....	.....	—	—	3
Totals			21	29	145

A total of 93 patients were under treatment or observation on January 1st, 1956.

Details of attendances made by patients are as follows:—

<i>Attendances.</i>		<i>Totals</i>	<i>Males</i>	<i>Females</i>
At which patients saw physician.	Syphilis	889	359	530
	Gonorrhoea	433	306	127
	Other conditions	757	545	212
	Totals	2,079	1,210	869
At which patients did not see physician.	Syphilis	150	70	80
	Gonorrhoea	—	—	—
	Other conditions	64	—	64
	Totals	214	70	144



## SECTION IV

## INSPECTION AND SUPERVISION OF FOOD

## Food and Drugs Act, 1938-1950

I have to thank Mr. J. J. Cole, the County Inspector of Food and Drugs for the following report on the work carried out in the year 1956 :—

During the year 1956, eighty-six samples were taken for chemical analyses and eight for bacteriological examination. Particulars are given below, and, except where otherwise stated, only one sample was taken :—

Baked Beans with Sausages; Black Currant Juice, "Ribena"; Cheese Cake Filling; Cheese and Tomato Spread; Christmas Pudding; Corned Beef; Cornish Pasties; Cream; Cream Bon-Bons (2); Creamy Chocolate (2); Danish Pork; Desiccated Coconut; Drugs; Fish Paste; Haslet; Horseradish Sauce; Ice Cream (4); Ice Cream (4) Bacteriological Examination; Instant Whip; Jam and Marmalade (5); Jellies (2); Lard; Lemonade Crystals; Luncheon Meat (2); Margarine (5); Meat Paste; Milk (21); Milk, Bacteriological Examination (4); Milk, Condensed (4); National Loaf; Oranges; Pork Dripping; Pork Pie; Pork and Meat Roll; Procea Bread (2); Sausages (5); Soups (3); Sponge Mixture; Stewed Steak (2); Suet; Sundae Fruits; Tomato Chutney.

The primary duty of an inspector is the prevention of offences, and this has been almost completely accomplished in the year under review. It is satisfactory to report that only one sample has been reported against. A sample of pork sausages contained 50.90 per cent. of meat instead of a minimum of 65 per cent. which is required by the standard adopted by the Society of Public Analysts.

A small proportion of samples of milk taken from farmers' deliveries to the dairies is usually at fault, but this year all were above standard. In fact the average contents of 21 samples were : 3.66 per cent. milk fat and 9.99 per cent. milk solids other than milk fat. The minimum standards are 3.5 per cent. milk fat and 8.5 per cent. milk solids other than milk fat.

J. J. COLE,

*Inspector of Food and Drugs.*

